MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and dea PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ST. MARY S MARYLAND ST. MARY'S MARYI AND aft b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HOLLYWOOD RURAL YRS. RURAL HOLLYWOOD = bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO within etely uoq. 3. NAME OF First Middle DATE Last Month Day Year DECEASED DEATH compl (Type or print) 19 66 HOWARD BENJAMIN MAY ADAMS xecuted 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours WIDOWED V DIVORCED [ WHITE = 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease and in during most of working life, even if retired) INDUSTRY ST. MARY & COUNTY. FARMING FATHER'S NAME physi certificate 0 MOTHER'S MAIDEN NAME removal, attending phermit. Then EDWIN ADAMS KATE DEAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. death 0 No cremation, FRANKLIN ADAMS HOLLYWOOD. MARYLAND NONE the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the al-transit ONSET AND DEATH è PART I. DEATH WAS CAUSED BY: Trous attending physician. IMMEDIATE CAUSE (a) signed burial-burial, DUE TO Conditions, If any, which been gave rise to immediate the r **DUE TO** cause (a), stating the underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO T YES for hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) jo OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I (County) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from . 19\_ \_\_\_\_, that (I) (we) last DIRECTOR: XA M. from the causes and on the date stated above. and that death occurred at. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED OR page ATTENDING M.D. PHYS. DIRECTOR PHYS HOSPITAL FUNERAL 22c PHYSICIAN'S 22d. ADDRESS should be director, NAME (Type) Page 2 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23d. (State) BURIAL (Specify) 0 4.1966 ST. JOHNS CEMETERY HOLLYWOOD. MARYLAND REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY VR A15 (4) LEONARDTOWN. MARYLAND 20M 1/65

1 V9 . T 11 19 11 11 11 11 DIRACKSON ... MALE MITTE ET. MARY DECOUNTY, MO. LEE U. B. FARDALEUS A CONTACTOR EDWIN ADAME MOTHE FRANKLIN AGOME OLLYMONG, MAYELING 

SURIAL NAVIL, 1970 OT, JOHON TENETERY FOLLYMOND, MAYLINE

W. CLARKE HATTINGEY LEBRARDTONN, PARVIAND MAY 6 1866 (27/2-21 D.

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FOR S		07488 MEDICAL EXAMINER'S CERTIFICA	
HEALTH	DEPT.	PLACE DF DEATH a. COUNTY	DENCE (Where deceased lived, If institution: Residence before admission)
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d 3 to Page	State hours	tation Hospital, NAS, PAX RIV MD.   PATUKAN NAME DF   First Middle Lest	4. DATE Month Day Year
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th. If any dela ges 1, 2, and form PM3.	2 with within	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH	9. AGE (In yaars   IFUNDER 1 YEAR   IFUNDER 24 HRS.
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	1 and 2 event	USUAL OCCUPATION (Give kind of work done) 10b. KiND OF BUSINESS OR 11. BIRTHPLAC	E (Stata or foraign country) 12. CITIZEN OF WHAT
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hours ce alo	i.i	ames Maurice ANDERSON ELISABI	
Her Her	File		Address
should be executed within 24 hours word "pending" in pencil in Item 1. Chief Medical Examiner's Office a	permit. removal,	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Lyss gire was or dates of service) 224-54-3516 Military R	ecords
d wil	rem	18. CAUSE OF DEATH JENTAL DULG DA Cases per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
S. i. i.	burial-transit cremation, or	MMEDIATE CAUSE (a) Injuries, MULTIPLE, EXTE	REME Immediate
ndin	al-tra	Conditions, If any, which ) DUE TO Automobile Accident	
Me Ne	buri	gave risa to immediate cause (e), stating the DUE TO	
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the w	used as a burial-tranto to burial, cremation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY PERFORMED?  YES NO
ertifi ting ed to	prior 1	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Automobile Accident	e of injury in Part I or Part II of Item 18.)
his c writ	nt, p		ie, farm,   2Df. (City or town) (County) (State)
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AMI ld b	CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy	
Shou Shou	FOR:		nicide , Undetermined manner .
4 7	IRECTOR: its design	ACTUAL TO TOME TO MO HOND ASSISTANT	MEDICAL EXAMINER 22. DATE SIGNED
Pa		DEPUTY ME	EDICAL EXAMINER 14 May 1966
tor.		EXAMINER'S NAME (Type) W. D. BOYD, M. D. Address (St	treet, city, town, or county)NASPAXRTVMD
O DEPUTY please ex director.	of He	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LDCATION (City, town or county) (State)
=	100	FUNERAL DIRECTOR  ADDRESS   12 2/2 2/2 2/2 2/2 2/2 2/2 2/2 2/2 2/2	REC'D BY REGISTRAR   250 REGISTRAR'S SIGNATURE
VR AI	SME (5) 1/65	W. Chambers Co 3072-11 ST. DAN	MAY 23 1968 Jelianles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY St. Mary's Maryland deoth. MARYLAND Department b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write PURAL and give nearest town Abell Rural d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? olong with form hours ote NO A be executed within 24 hours ofter death. 3. NAME OF Middle First Lost 4. DATE Month Doy 5 Year DECEASED OF DEATH Fales Item 18. Give Laurence Auers within May (Type or print) with DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED birthdoy) Manths Davs Hours Male WIDOWED Office DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUTRY Transit New York Operator (Retired) Medical Examiner's pencil 14. MOTHER'S MAIDEN NAME Laurie Fales puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address removol. Mrs Lawrence F. Ayers Same as # 2 above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (o) Word This certificote should cremation, DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 00 last. buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION pleose execute the certificate, YES -NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) plnods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Nat While at work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🖊 Inquiry 🖊 ond in my opinion Natural causes deoth resulted from: Accident Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER \* **EXAMINER'S** William D. Bound M.D. ro Fune Health Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Manassas, Virginia Rurial 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Everly-Whe atley 6M 1/66 Alexandria. Va

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after St. Mary 's Charles the Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b p write RURAL and give nearest town) Bryan town Leonardtown E filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 72 ON A FARM? on pap St. Mary's Hospital YES X NO Rural within ely 3. NAME OF Month Middle Last DATE 4. Day DECEASED 是 is (Type or print) Buckler Donna Lorraine DEATH Mav 19 executed mover com 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS last birthday) Months I Davs Hours and Female White WIDOWED DIVORCED [ May 28 1966 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? death certificate none St. Marys Co. TISA 13. FATHER'S NAME remova James Martin Buckler Erma Jane Ralev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or n 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Mother Bryan town Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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burial, c DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES 0 PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While at work After Id be d at work p.m. 21. I certify that (I) (this hospital) attended the deceased from . 19 19 \_. to that (I) (we) last DIRECTOR saw the deceased alive on. and that death occurred at\_ \_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MFD. DIRECTOR PHYS. TO FUNERAL director, p FUNERAL 22c. PHYSICIAN'S ADDRESS NAME (Type) William C.Mulford Mechanicsville Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cemetery 25%, REC'D BY REGISTRAR 250. 24. VR A15 (4) Leonardtown, Maryland 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

O7492

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH
O COUNTY

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PT. 1. PLACE OF			2. USUAL RESIDENCE		tion: Residence befare admission)
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b. CITY OF	TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If o	outside carparate limits, write RU	RAL and give nearest tawn)
	URAL and give nearest town) nardtown	I hous	Bushwood		17-1
d. NAME (	F HOSPITAL OR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
St. M	ary's Hospital				YES NO
3. NAME OF	Firs	t Middle	Last	4. DATE Man	th Doy Year
DECEASED (Type or p	rint) THOMAS XXXX	HARRY XXXXXX	DRURY	OF DEATH May	5 1966
S. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male	White	WIDOWED DIVORCED	DEC. 14, 1911	last birthday)	Manths Days Haurs Min.
10a. USUAL QC	CUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT
during most o	working life, even if retired)	INDUSTRY	A SECTION	MARYLAND	COUNTRY?
13. FATHER'S	NAME		14. MOTHER'S MAIDEN		
	PHILIP C. DI	RURY	MARY	LUCINDA BAIL	EY
	ASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Addr	
(Tes, na, ar ui	known) (If yes give war or dates af	577-16-6489	MARY B. DRURY	Визниоор	MARYLAND
18. CAU	SE OF DEATH (Enter only one cous				INTERVAL BETWEEN
PA	T I DEATH WAS CALICED DV.	o) Contact gunshot	wound of left	chest	ONSET AND DEATH
7	DUE T				
	is, if any, which gave	b)			
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PART II.	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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20a. EXT	ERNAL CAUSE WAS A or Contributing	20b. DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury in	Part 1 ar Part 11 of item 1B.)	
CAUSE O	DEATH.	Shot self with	shotgun in le	ft chest	
20c. TIM	E OF INJURY Manth, Day, Yeor Hour a.m.		PLACE OF INJURY (Hame, far factory, street, office bldg., etc.		(County) (State)
W	XX 5/5 86	While of wark At While at work	Home		St. Mary's Md.
21.	certify that I toak charge	of the remoins described obove	e, held on Autopsy [ ],	Inspection 🕏, Inqu	uiry 🔲, ond in my opiniar
deot	h resulted from Natural	causes , Accident ,	Suicide XX, Hamicide	e 🔲, Undetermined m	anner
ACTUAL	1/2/	of the	CHIEF MEDICA		22 DATE CICHED
SIGNATU	RE /	4 centrary		DICAL EXAMINER XX	22. DATE SIGNED
EXAMIN NAME (		reitenecker, M.D.	DEPUTY MEDIC Address (Street	CAL EXAMINER et, city, town, or county)	5/5/66
23a. BURIAL,	CREMATION, 23b. DATE THER	REOF 23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City or To	wn) (Caunty) (State)
	(Specify) MAY 9,		ART CHURCH CE	M. BUSHWOOD,	MARYLAND
24. FUNERAL		ADDRESS			GISTRAR'S SIGNATURE
W.CLAR	KE MATTINGLEY	LEONARDTOWN, MARY	LAND DATE M	AY 10 1966 A	Marles Judge

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	(Ye	, no, or unknown) (If yes give wor	or dates of service)				novilla Ma
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50 ± 0	230	REMOVAL (Specify)					
M	24	BURIAL MA	y 6,1966	ADDRESS	TERY 250 PFCD	BY REGISTRAR 1 25h BEGIS	VE. MARYLAND PRAR'S SIGNATURE
A15ME (5)			LEY LEONA		11.65	6 1966 70	carles Judge
	To FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Tages.  Health or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.	To Funeral Directors. Poge 3 should be used os o burial-tronsit permit. File pages 1 on 2 with the Stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to burial, crematian, or removal, and in any element of the stote Department of Tary Health or its designated agent, prior to the stote Department of Tary Health or its designated agent, prior to the stote Department of Tary Health or its designated agent, prior to the stote Department of Tary Health or its designated agent, prior to the stote Department of Tary Health or its designation of Tary Health or it	DEPT.  1. PLACE OF DEATH 0. COUNTY ST. MARY 1. PLACE OF DEATH 0. COUNTY ST. MARY 1. PLACE OF DEATH 0. COUNTY ST. MARY 1. COUNTY	DEPT.  1. PLACE OF DEATH  o. COUNTY  ST. MARY B  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LEONARDTOWN  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, grant of peccase)  TATE  O. COUNTY  ST. MARY B  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LEONARDTOWN  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, grant of peccase)  (Type or print) MI CHAEL  S. SEX  O. COLOR OR RACE  MALE  WIDOWED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  DARRELL E. ERS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (o). Stoting the underlying couse (o)	TATE DEPT.    PLACE OF DEATH   C. COUNTY   ST.   MARY   S   MARYLAND   D.O.   A.	DEPT.    PLACE OF DEATH   C. CUMY   [Flow tride cropnose limits, white RURACH and give nearest town)   D.O.A.   ORAVILLE, with EVER and give nearest town   D.O.A.   ORAVILLE, C. CUMY   C	DEPILED BY STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND  DEPILED BY STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND  DEPILED BY STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND  DEPILED BY STATISTICAL RESEARCH AND RECORDS (Where decreased lived, if institutions of country of the country of t

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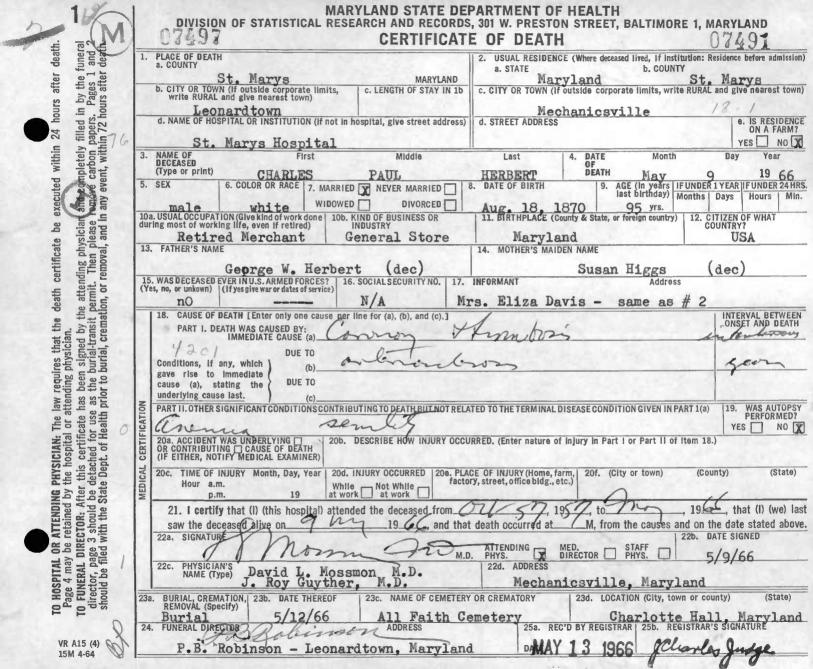
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 79 uneral and 2 death, 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after ST. MARY 18 ST. NARY 8 MARYLAND MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LEONARDTOWN 1 DAY = LEONARDTOWN bon papers. within 72 ho e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS filled ON A FARM? ST. MARY'S HOSPITAL YES NO X etely within carbon 3. NAME OF First Day Middle DATE Month Year Last 4. OFCFASED DEATH MAY (Type or print) CHARLES BENEDICT GREENWELL 1966 MAY 12, 1966
AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIED last birthday) | Months | Days Hours MALE WHITE WIDOWEO DIVORCEO JAN. 10. 1898 10a. USUAL OCCUPATION (Give kind of work done ! 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) death certificate be COUNTRY? INOUSTRY ST . MARY MEDLEY'S NECK. MARYLAND U. S. A. CLERK OF THE COURT 8 COUNTY ā removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then CHARLES BENEDICT GREENWELL ANNA ABELL 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, FLORENCE D. GREENWELL 2 ABOVE SAME AS # the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hours signed OUE TO been Sir Conditions, If any, which gave rise to Immediate 라라 DUE TO cause (a), stating the prior underlying cause last. (c) 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OIS EASE CONDITION GIVEN IN PART 1(4) 119. WAS AUTOPSY use Health PERFORMEO? certificate NO T YES [ 0 PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIOENT WAS UNDERLYING detached for hospit OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. Not While at work While After p.m. 19 at work retained D 21. I certify that (I) (this hospital) attended the deceased from 19 . to 19. that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on M. from the causes and on the date stated above. and that death occurred at\_ 22a. SIGNATURI 22b. OATE SIGNED O HOSPITAL OR J TO FUNERAL DIRE
director, page 3
should be filed v ATTENDING MED. OIRECTOR PHYS O HOSPITAL 22d. AOORESS PHYSICIAN'S 22c. NAME (Type) JOHN F. FENWICK M. D. LEONARDTOWN. MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) REMOVAL (Specify) MAY 14, 1966 LADY & CHAPEL BURIAL MEDLEY 6 NECK MARYLAND REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR ADDRESS VR A15 (4) CLARKE MATTINGLEY LEONARDTOWN. MARYLAND 20M

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       CLERK OF THE DOURT - ST. NARY'S COUNTY | SOLEY'. PESS., Mary Lan U. S. P.
 FLORENCE D. THE CHARLE SHEET AS 2 Nouve
                             Joint F. Feynier M. D. . " Leonardtonn, Markland
PAY 14, 1765 SUR LADY 13 CHAPEL SOLEV 1 G ED . DAYLAND
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1 3		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Mar	07495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEP	I.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II Institution: Residence before admission a STATE b. COUNTY
( N		St. Marys Maryland St. Marys St. Marys
lay is necessary, a 3 to the funeral Page 5 may be State Department.	VI)	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
eces e fur ma ma part		Leonardtown DOA St. Clement's Shores (Leonardtown
Is no the Starter of		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDEN ON A FARM
delay Is nd 3 to Page State hours a	99	St. Marys Hospital Rt.#2 Box 67 YES NO
any dela 2, and PM3. F h the St n 72 hou		3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF
S 1, 2, orm PN with t		(Type of print)  BERNARD FRANK HEARD, Sr. DEATH May 7 1966  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 H
ath. I ages form form	3	last birthday) Months Oays Hours Mi
ive Page with with event		10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Give W g w		during most of working life, even if retired)  Retired Police  D.C. Police Dept.  Leonardtown, Maryland  USA
ours after 18. Ge along pages 1 In any		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hour em ce pa		James A. Heard (dec) Susan Pope (dec)
24 ho in Item Office File I, and	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (If yes give war or dates of service)
I within pencil in miner's permit.		yes   WW1   220 44 2449   Sadie G. Heard - same as # 2
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a cectificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form to your files.  L. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in any event-within		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND OEATH  ONSET AND OEATH
uld be executed 1 "pending" in of Medical Exar a burial-transit cremation, or	.33	IMMEDIATE GAUSE (a)
exe lical lical ation		Conditions, If any, which (b)
Med Med		gave rise to immediate ( C)  cause (a), stating the OUE TO
ord hief hief s a s		underlying cause last. (c)
ficate shoul the word o the Chief used as a to burial, q		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED
to the to	0	YES NO.  YES NO.  YES NO.  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
R: This certificate, writing forwarded to 3 should be agent, prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    19. WAS AUTOPS
wr ward houll nt, p		
for for age		Hour a.m. While Not While factory, street, office bldg., etc.)
the certificates the certificates.  A should be arrifles.  CTOR: Page designated		p.m. 19 et work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin
he ce should files. TOR: F		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
EDICHL EXUCUTE the cage 4 shour rises DIRECTOR:		CHIEF MEDICAL EXAMINER   5/8/66
Execute the Page 4 I for your tal DIREC!	¥.7.	SIGNATURE WHO Palviola In M.O. ASSISTANT MEDICAL EXAMINER (
FY ME EXECUTE FOR THE DESCRIPTION OF THE DESCRIPTIO	1	EXAMINER'S LEXINGTON PARK, MI
O DEPUTY please es director. retained D FUNERA of Health	d	NAME (Type) WH PATRICK M.D. Address (Street, city, town, or county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
TO DEPUTY MEI please execu director. Pag retained for 3 TO FUNERAL DI of Health or i		REMOVAL (Specify)
	0	Burial 5/10/66 ST. Paul's Cemetery Leonardtown, Maryland  24. FUNERAL DESCRIPTION ANDRESS 252. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME	(80)	P.B. Robinson - Leonardtown, Maryland DATE MAY 10 1966 Mclarles Judge
3500 4-64	00	P.D. Robinson F Leonardtown, Maryland MAI 10 1966 Markey Judge

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	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECOR	EPARIMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
funeral and 2 rideath	07498 CERTIFICA	TE OF DEATH	07492
9 9	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Ins a. STATE b. COUN	YTY
hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH OF STAY IN 1	Maryland c. city OR TOWN (if outside corporate limits, wr	St. Marys Ite RURAL and give nearest town)
1	Clements	Clements	18.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddres  Rural	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
=	3. NAME OF First Middle	Rural Last   4. DATE   Month	
	(Type or print) AGNES M.	HURRY DEATH MAY	18. 19 66
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months   Days   Hours   Min.
	female white WIDOWED X DIVORCED	October 1, 1887 78 yrs.	
1	IDa. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
	Housewafe domestic	Maryland	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Raley	Elizabeth Ce	cil
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unkown) (If yes give war or dates of service)	7. INFORMANT Addres	SS
	no	John W. Hurry - same as # 2	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- '0	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	taelure.	
1	443X DUE TO 61.	A.A. 11 A.T.	
1	Conditions, if any, which gave rise to immediate (b)	wills + Typerlease	
	cause (a), stating the underlying cause last.	11	
I COLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
30			YES NO
AFRE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II o	of Item 18.)
1901	2   1   fa	LACE OF INJURY (Home, farm, 2Df. (City or town)	(County) (State)
22.5	Hour a.m. While Not While p.m. 19 at work at work		
T	21. I certify that (I) (this hospital) attended the deceased from	5 // , 1966, to 2 /18	
	saw the decreased alive on 5/18 1955, and t	nat death occurred at M, from the causes	and on the date stated above
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
		A.D. PHYS. DIRECTOR PHYS.	5/18/66
	22c. PHYSICIAN'S NAME (Type) Charles Greenwell, M.D.	Leonardtown, Mary	land
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET		
	Buriel 5/21/66 St. Joseph	Cemetery Morganza	Maryland
-	24. FUNERAL DIRECTOR ADDRESS		EGISTRAR'S SIGNATURE
	P.B. Robinson - Leonardtown, Marylan	d DATEAV 9.2 10CC CC	George Ould
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Maryland St. Marvs St. Marvs MARYI ANO necessary, the funeral 5 may be Department after death. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. I FNGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Leonardtown Valley Lee d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE d. STREET ADDRESS delay is rand 3 to the 3. Page ON A FARM? State hours HERRING CREEK RFD Rural YES NO X and NAME OF First Middle Last 4. OATE Month Yeer 2, an DECEASED DEATH (Type or print) 28 19 BENEDICT MAYOR May RICHARD death. If a e Pages 1, AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) | Months | Oays | Hours | Min. 5. SEX 8. OATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO Oays 12/23/1931 W100WE0 OIVORCED T white 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (State or foreign country) Give USA US Navv Maryland Mechanic pages in any 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Myrtle E. Ridgell Joseph Leonard Mayor File 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT EXAMINER: This certificate should be executed within 29 certificate, writing the word "pending" In pencil in ould be forwarded to the Chief Medical Examiner's 0 (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Regina E. Mayor - same as # 2 212 30 3904 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWE ONSET AND DEAT PART I. OEATH WAS CAUSEO BY:
IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, DUE TO Conditions, if any, which (b) gave rise to immediate OUF TO cause (a), stating the a used as a to burial, underlying cause lest, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMEO? YES NO T the certificate, writing the should be forwarded to 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING ☐ CAUSE OF BEATH. should be OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) run row bont un noticed 3 shoul agent, MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Not While While Las Leven Creeke CTOR: Page designated et work at work 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection X Inquiry and in my opinion FUNERAL DIRECTOR: Undetermined manner Homicide death resulted from: Natural causes Accident X . Suicide CHIEF MEOICAL EXAMINER for your execute . Page 4 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/28/66 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** director. Leon and town town Marwilland Wm. D. Boyd. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF of REMOVAL (Specify) Holy Face Cemetery Great Mills. Maryland REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15ME Robinson - Leonardtown, Maryland 3500 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY h. COUNTY Pages A after r a. STATE ST. MARY S ST. MARY'S MARYLAND MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 10 YRS. HOLLYWOOD = HOLLY WOOD bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? Box 206 A RT. 1 Box 206 A YES NO X etely within pou NAME DE Month Year First Middle Last DATE Day DECEASED any event, (Type or print) DEATH 19 66 WILLIAMSON NALLEY JEAN AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 6. GOLOR OR RAGE | OATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months I Hours 1 FEB. 12,1907 OLVORCEO [ WIDOWED CAUCASIAN S TOa. USUAL OCCUPATION (Give kind of work done I physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY GOUNTRY? be and SCHOOL U.S.A. TEACHER ARIZONA death certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAJOEN NAME JOHN WILLIAMSON ANNABELLA NORTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address transit permit. (Yes, no. or unkown) (If yes give war or dates of service) No SAME AS # 2 ABOVE JOSEPH C. NALLEY the ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the al-transit PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-to burial, **OUE TO** Conditions, If any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (C) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL OIS EASE GONDITION GIVEN IN PART 1(a) Health PERFORMED? certificate NO T YES 0 PHYSICIAN: this cerum detached for 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESGRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) (County) 20c. TIME OF INJURY Month, Oay, Year be de State [ factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. 19 at work at work P TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the decrased from that (I) (we) last saw the deceased alive on and that death occurred at 4 M. from the causes and on the date stated above. 22b. OATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. TO HOSPITAL AOORESS 22c. PHYSICIAM'S 22d. NAME (Type) J. PATRICK JARBOE M. GREAT MILLS. MARYLAND NAME OF GEMETERY OR GREMATORY (State) BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) VIRGINIA 16, 1966 ARLINGTON NATIONAL ARLINGTON BURIAL 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIREGTOR 25a. REC'D BY REGISTRAR 1966 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

14 THE YULL . LET'S ST. THE X STANK LE Manustratif 28 1001.51 .02 JAKOTIAN. 100,000 AWARELLE North HAS AFILL HEAR TYLAS . A BYALLY . C. RESON DES. S. S. S. S. Bullmonay Musicanous and 1/1 H. PATHICK CAMERS . D. CHEAT HILLS, MARYLAND MAY 16, 15 de 1 JANLINGTON KATIONAL AUCTHUTON, MINIBALV W. DERRE WATTANDERY ERONANDTOES, MARYLAND

	1.1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
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9	physi plesi al, al	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.54.
in the	ling Ther emov		William Warren Norris Sarah Catherine	Stone
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The las	y the hospital or attending physician or this certificate has been signed by detached for use as the burial-transte Dept. of Health prior to burial, cre	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
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PHY	l by the hos liter this ce be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)	(County) (State)
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ATTENDIN	be retained to DIRECTOR: Affige 3 should be de with the Si		21. I certify that (I) (this books) attended the deceased from	on the date stated above
	RECT 3 S 1 wit		22a. SIGNATURE / // // // 22	
	nay b page filec		22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	5/1/66
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H	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	or county) (State)
	-	24	Duriol 3-4-660   17014 1-ace   Neat /VII	TRAPS SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death and PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY by the fu ST. MARY 8 after ST. MARY 8 MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) within 72 hours EONARDYOWN DAYS ST. GEORGE ISLAND 5 e. IS RESIDENCE d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled 24 ON A FARM? ST. MARY S HOSPITAL YES NO K executed within completely carbon Year 3. NAME OF First Middle Last DATE Month Day DECEASED DF DEATH 19 66 (Type or print) EDGAR LEWIS PEARSON 6. CDLOR DR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9 NEVER MARRIED last birthday) Months Days Hours and WIDDWED JULY 26.1882 MALE WHITE DIVDRCED ermit. Then please re 12. CITIZEN DF WHAT 10a, USUAL DCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in pe during most of working life, even if retired) CDUNTRY? **INDUSTRY** WATERMAN death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE T. PEARSON EMMA JANE BRAWBLE ed by the attend transit permit. cramation, or re 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? | 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) H.RALPH PEARSON 232 ARAPRAHOE DRIVE INTERVAL BETWEEN been signed by the the burial-transit or to burial, cramati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] FOREST HEIGHTS. MD. The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. 10 mm IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather the state of the state of the seatth p PERFORMED? ND YES [ PHYSICIAN: 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING etached f Dept. of DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year det factory, street, office bldg., etc.) be de State Hour a.m. While Not While After Id be c at work p.m. at work retained 19. \_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 . to. M, from the causes and on the date stated above. DIRECTOR and that death occurred at\_ saw the deceased alive on 22 SIGNATURE 22b. DATE SIGNED pe director, page 3 should be filed v ATTENDING -DIRECTOR 4 may FUNERAL HOSPITAL 22d. ADDRESS 22c. PHY CIAN'S ENWICK MARYLAND LEONARDTOWN. NAME (Type) 23d. LOCATION (City, town or county) (State) 23b. DATE THEREDE NAME OF CEMETERY DR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 10 BURIAL MAY 6, 1966 ST. GEORGE ISLAND M.E. ST. GEORGE ISLAND, MARYLAND 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1966 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VR A.15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH	AND
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24 hour filled in sapers. In 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	IS RESIDENCE ON A FARM? ES NO
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.  This certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon to Dept. of Health prior to burial, cremation, or removal, and in any event, within	3. NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) CATUS AND ENGINEER PROPERTY PROPERTY DEATH MAY 6	Year
comple comple ve car event,	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR)	
execute and con remove any ev	FEMALE COLORED WIDOWED DIVORCED SEPT . 28, 1886 85 Statt birthday) Months Days	Hours Min.
sician alease right	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN (COUNTRY)  12. COUNTRY:	7
cate physi n ple val, a	HOUSE WIFE   MARYLAND U.S.  13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME	A.
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i. The law requires that the death certifica al or attending physician. Ficate has been signed by the attending phor use as the burial-transit permit. Then Health prior to burial, cremation, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
the ation	NO   GEORGE S.PURNELL SCOTLAND, MARYLAND	RVAL BETWEEN
hat the ician. led by l-transii I, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CIRCULATION ONS  ONS  ONS  ONS  ONS  ONS  ONS  O	AND DEATH
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or att	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
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d by the hosp After this cer I be detached State Dept. o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  While at work at work at work at work at work	(State)
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iii m ≤	saw the deceased alive on 19 6, and that death occurred at \$ 3 M, from the causes and on the date 22a. SIGNATURE  ATTENDING DIRECTOR STAFF PHYS.   22b. DATE SIGNATURE	NED
ro Hospital Page 4 may To Funeral director, pa should be fil	22c. PHYSIDIAN'S NAME (Type) J. PARTICK JARBOE M. D.  22d. ADDRESS GREAT MILLS, MARYLAND	
TO HOSPITAL OR Page 4 may be TO FUNERAL OIR director, page should be filed	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
<b>5 6 6 6 9 9 9 9</b>	BURIAL / MAY 10,1966   ST. LUKES CEMETERY   SCOTLAND MARS	(HAND
R AIS (4)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN.  W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE MAY 10 1966 ACCURATE	Judge
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1 y ... 1775 A RUMAL BOUTSAMP et live entire CATHERINE ELITABETH UNMELL LINY C. OVALVRAN AT NO BEUGH HTST N. SSEAG лаштив асцелля DEPART S. PURMELL SCOTLANG, VARYLAND We feller to a will receive ARAJYANE RIJIM TATRE J. PARTICK ANDRES R. U. AY 10,1915 ST. Lowes Courtry Scotus ID, 1915 1 1301 GWALFFO , WESTSHARDER YESSHITTEN, - OFFLAND THE TAMES THE PARTY OF THE PART

1	1 ,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	uted within 24 hours af completely filled in by t ove carbon papers. Page r event, within 72 hours a	Leonardtown Memphis 77 - 3
	t ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIOENCE DN A FARM?
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	executed within and completely remove carbon in any event, with	3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED OF
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	a se a	during most of working life, even if retired) INDUSTRY COUNTRY?
	ding physician.  been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in	Salesman Mobile Homes Memphis Tennessee USA  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	tific ng p hen nova	James Walter Richards (dec) Catherine Mette
	cer endii r. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17. INFORMANT Address
	atte	Yes, no, or unkown) (If yes give war or dates of service) Yes WW 2 Catherine M. Richards - same as # 2
	t pe atio	L 19 CAUGE OF DEATH FESTOR ONLY ONE COURS DOT (ING for (c) M/h) and (c) M
	t than an. by ansirem	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PAULIU AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
	thai sicis gned gned al-tr al, c	581/ DUE TO 1 . (A) & 0 / 2 4 44
	phy phy sign buri buri	Conditions, if eny, which gave rise to immediate (b) flermate Ciroforn L'Agrico
	ding been the lor to	cause (a), stating the DUE TO
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	for Hee	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.)
	OR ATTENDING PHYSICIAN: The law requires that is be retained by the hospital or attending physician INECTOR. After this certificate has been signed by 3 should be detached for use as the burial-trated with the State Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYSI his his stacl Dep	
	y the er t	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  While at work
	OR ATTENDING P be retained by t IRECTOR: After e 3 should be ed with the State	21. I certify that (I) (this hospital) attended the deceased from 19, to 26 may, 1966, that (I) (we) last
	TEN tain TOR:	saw the deceased alive on 2 6 2 2 2 and that death occurred at 313 pM, from the causes and on the date stated above.
	R AT B S S S Wit	22a SIGNATURE 22b. DATE SIGNED
	DI on pay by	M.D. PHYS. A OIRECTOR PHYS. 5/26/66
	4 may 4 may ERAL D cor, pag 1 be file	NAME (Type)
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	
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		24. FUNERAL DIRECTOR ADDRESS 256. REGISTRAR 256. REGISTRAR'S SIGNATURE
	VR A15 (4) 15M 4-64	P.B. Robinson - Leonardtown, Maryland MAY 31 1966 Charles Judge
	TOWN 4-04	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY STATE b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. S t. Marvs Maryland MARYLAND Department after death. essary, funeral c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b may Two (2) months Lexington Park Lexington. Park 5 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay ay Page State hours PAXRIVMD Station Hospital NAS Lot National PIC YES NO X NAME OF DATE Year Middle Month Day the 72 DECEASED OF ROBINSON DEATH 19 66 (Type or print) Patricia Ann Mav 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH uted within 24 hours after death. If in pencil in Item 18. Give Pages 1, Examiner's Office along with form 7. MARRIED NEVER MARRIED lest birthdey) Months Davs Hours Female | Caucasiah WIDOWED | DIVORCED

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. Kind of BUSINESS OR INDUSTRY DIVORCED Feb 1945 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 0 U.S. proof Housewife Minnesota pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Everetta M. WICHMAN Fred File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) ROBINSON (Husband) emoval. James same as EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in hould be forwarded to the Chief Medical Examiner's permit. ΝO INTERVAL BETWEEN ONSET AND DEATH IMMEDIA TE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, or Cardiac Arrest DUE TO Congenital Heart Disease Conditions, If any, which vears (b) gave rise to immediate DUE TO cause (a), stating the used as a l to burial, c underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION the certificate, writing the should be forwarded to the PERFORMED? YES NO [ 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) o ge should ent, pri 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner A Accident Suicide Homlcide death resulted from: Natural causes 1 xt. your CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TISN SIGNATURE for DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 2 tery | St. Paul, Minnesota 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Transit & Buria Resurrection Cemetery ADDRESS 24. FUNERAL DIRECT VR ALSME (5) Robinson - Leonardtown, Maryland 1/65

entrates out Troff) and a leatest to the State on Reserved, Mich. 1912 1720 | Man do. Medicard T. William Jo. non setricia (an esprisor) 12 12 14 1 e 1 1 e 1 1 e 1 1 e 1 1 e 1 1 e 1 1 e 1 1 e 1 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 e 1 TENERS TO SEE TO MICEOG . L borr Janes Community W. I. A. Const. Cont. Cont de and maintain and the 10 Sement to think a second of the second of th 1. S. Marinson - Leonardions, Maryland duck a Sing Maring Treet Con-

1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
h 2ª h	07506 CERTIFICATE OF DEATH	08947
after death. y the funeral ges 1 and 2 safter death.	1. PLACE OF DEATH a. COUNTY ST. MARYS  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Resa. STATE b. COUNTY MARYLAND ST. M	
S 50 5	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ind give nearest town)
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withir	3. NAME OF First Middle Last 4. DATE Month OF OF OF DECEASED (Type or print) PIUS BENEDICT ROBINSON DEATH MAY	Day Year 31 19 66
executed within and completely for remove carbon property in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   IFUNDER 1   Months   III   Months   III	YEAR IF UNDER 24 HRS Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FUNERAL DIRECTOR  10b. KIND OF BUSINESS OR INDUSTRY  FUNERAL  11. BIRTHPLACE (County & State, or foreign country)  COUNTY  MARYLAND  12. CIT	TIZEN OF WHAT JNTRY? SA
certificate be nding physicial The plasse removal and I	13. FATHER'S NAME  ERNEST L. ROBINSON  ANNIE MAY RIDGELL	
e death cert the attendin it permit. The nation, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 578 O1 9579 ELLEN H. ROBINSON SAME AS #2	
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law requires that tattending physician, has been signed be as the burial-tran h prior to burial, cre	Conditions, If any, which gave rise to immediate (b) Cavonan Occilesion	menuts
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or or cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO
o der pit		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 at work at work at work	ty) (State)
L OR ATTENDING y be retained by DIRECTOR. After age 3 should be illed with the Stat	saw the deceased alive of 1906, and that death occurred at MM, from the causes and on the	
y be DIRE 3ge 3	22a. SIGNATURE  22b. DAY  M.D. ATTENDING MED. STAFF  PHYS. DIRECTOR PHYS. D  22c. PHYSICIAN'S  1 22d. ADDRESS	TE SIGNED
TO HOSPITAL Page 4 may TO FUNERAL director, pa	NAME (Type) DAVID L. MOSSMAN M.D. MECHANICSVILLE, MARYLAND	atu) (Ctata)
To Page direction of the second of the secon	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun product of the country of the	RYLAND
VR A15 (4) 15M 4-64	JOHN M. WELCH - LEONARDTOWN, MARYLAND DATE UN 7' 1966 Schools	Judge
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and Geat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. CDUNTY Pages 1 ST. MARY S ST. MARY S hours after MARYLAND the MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à bon papers. Pag within 72 hours GREAT MILLS LEONARDTOWN DAY RURAL E d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? 24 ST. MARY S HOSPITAL YES ND within letely carbon 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED event, compl (Type or print) DEATH 19 66 CECIL GEROME STRICKLAND MAY executed and con 6. CDLOR DR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months Davs Hours WIDDWED Ост. 24, 1909 WHITE DIVDRCED 56 MALE 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even If retired) 10b. KIND DF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be CDUNTRY? U.S.A. FARMING NORTH CAROLINE a 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova CYRUS M. STRICKLAND HELEN FRANCIS TAYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY ND. 17. INFORMANT Address the atten 10 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, No 216-18-5361 MRS HELEN G.STRICKLAND GREAT MILLS, MARYLAND INTERVAL BETWEEN burial, creating 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET\_AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which been gave rise to immediate the DUE TD cause (a), stating the underlying cause last. has (c) FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate ND YES the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury In Part | or Part | I of Item 18.) o OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) MEDI Hour a.m. After Not While ò ATTENDING at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should and that death occurred at 8.45M, from the causes and on the date stated above. saw the deceased alive or 22a. SICNATURE 22b. DATE SIGNED pe page ATTENDING M.D. PHYS. DIRECTOR may HOSPITAL FUNERAL ADDRESS PHYSICIAN'S 22d. TO FUNERA director, should be pe NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) (State) 0 REMOVAL (Specify) 1966 BURIAL EBENEZER CEMETERY GREAT MILLS. MARYLAND RECISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR 1966 VR A15 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE DEATH OF HEALTH DEP PLACE OF DEATH a. CDUNTY 2. 'USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Maryland Prince George St. Marys to the funeral MARYLANO Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Golden Beach- Mechanicsville Clinton e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS ON A FARM? ay is 3 to 1 State hours 6407-Pinewood Dr. Patuxent River NO X YES and a del NAME OF Middle DATE Month Year First Last DECEASED OF DEATH 1966 RAYMOND D. WEST May 22 (Type or print) 2 with within AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. h. If a 5. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 7. MARRIEO AL EXAMINER: This certificate should be executed within 24 hours after death, the certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with form male white WIDOWEO ! DIVORCEO 20 and a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KINO OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY CDUNTRY? USA -School Bethesda. Maryland pages 1 in any Student 13. FATHER'S NAME MOTHER'S MAIOEN NAME Ray C. Joyce E. Rogers West File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. permit. F (Yes, no, or unkown) (If yes give war or dates of service) Rav C. West - same as no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OEATH PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, DUE TD Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating g ed as a burial, underlying cause last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION used to but PERFORMEO? YES NO K be OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) prior 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. should Sand 3 shou agent, (County) 20e, PLACE OF INJURY (Home, farm, (State) MEDICAL 20d. INJURY OCCURREO 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While at work aturent Beach 19 66 CTOR: Page designated at work Inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection | es. FUNERAL DIRECTOR: Undetermined manner Accident K , Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER your 4 execute . Page 4 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 5/23/66 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** Wm. D. Boyd. Leen and town town anything M.D. director. retained NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. OATE THEREOF 0 REMOVAL (Specify) May Arlington National Cem. Arlington, Virgi Burial 24. FUNERAL OIRECTOR Robert E. Wilhelm - Suitland, Maryland VR A15ME 3500 4-64

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